

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565011  
APPLICANT(S)

FILING DATE

08 JUN 2006

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		2		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16	/		/			
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21		3		/		
22		0		/		
23		0		/		
24		0		/		
25		0		/		
26		0		/		
27		0		/		
28		0		/		
29		0		/		
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49						
50						
TOTAL IND.	11	↓	11	↓		↓
TOTAL DEP.	38	←	31	←		←
TOTAL CLAIMS	31		35			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						